



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

'07 FEB -2 A11 :36

STATE OF HAWAII
STATE ETHICS COMMISSION

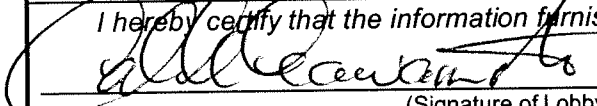
LOBBYIST REGISTRATION FORM

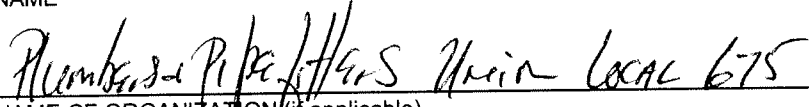

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
KAWAMOTO	CALVIN	KAZUO	306 2381
MAILING ADDRESS (Street)			FAX
1109 BETHEL ST, Honolulu, HI			
(City)	(State)	(Zip Code)	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			
1109 BETHEL ST, Honolulu, HI			TELEPHONE
			(808) 536-5454
MAILING ADDRESS (Street)			FAX
Honolulu, HI			
(City)	(State)	(Zip Code)	

PART II ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Plumbers & Pipefitters Local 675	(808) 536-5454
MAILING ADDRESS (Street)	FAX
1109 BETHEL ST Honolulu, HI	
(City)	(State)
Colleen Kauhane	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
1109 Bethel St - Lower Level	536-5454
MAILING ADDRESS (Street)	FAX
Honolulu HI 96813	528-2629
(City)	(State)
(Zip Code)	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
	2/1/07
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
	Business MANAGER
NAME OF ORGANIZATION (if applicable)	TELEPHONE
1109 BETHEL ST Basement	536 5454
MAILING ADDRESS (Street)	FAX
Honolulu HI 96813	578 2629
(City) (State) (Zip Code)	
HERBERT KAOPUA SR	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	
	2/1/07
(Signature of Authorizing Officer or Person Represented)	(Date)